U.S. Patient and Tracemark Officer U.S. BEPARTIZENT OF COUNTERCE oral collection of information unless it displays a valid ONB control number.

Onlo	PATE	ENT APPLIC	ATION	FEE DETER e for Form PTO	MINATION	RECORD		Applicati	on or D:9-15	824-	7/
		CLAIMS AS	FILED -		ms 2)	SMALL ENTITY		OR	OTHER SMALL E		
FOR NUMBER FILED NUMBER EXTRA			EXTRA	RATE	FEE		RATE	FEE	9		
	FEE FR 1.16(a))						s	OR		<u>s</u>	
TOTAL CLAIMS 37 CFR 1.16(c))			minus 20	= .		x s=		OR ·	x s =		
NDEPENDENT CLAIMS (37 CFR 1.16(b))		S	minus 3			λ 8=	· .	OR	x s=		_
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						. + 5 =		OR	+ S=		
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR.	TOTAL		
1.0		AIMS AS AME			(Column 3)	: SMALL E	NTITY	· · OR	OTHER SMALL I		1 2
4		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1,16(c))	• /	Minus	. 20		x \$ =	:	OR	~x s=		1
	Independent LC CFR 1 19(b)r	. , ,	Minus	··· 3		x \$=		OF:	-x s =		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1,18(d))					+5 =		OR ·	: <+ s =_:		-7
i		-				TOTAL ADO'L FEE		OR .	ADD L FEE		1
		(Column 1)		(Column 2)	(Column 3)			, ;			↓
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	1	≃ RATE	ADDIF TIONAL FEE	
N N	Total (37 CFR 1.16(c))	•	Minus		=	x s=		OR :	末 s=		1
ENDMENT	Independent (37 CFR 1.16(b))	*	Minus		=	x s=		OR	'x s=	· .	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 (6(d))					+ 5 =		OR	,	 :=+,= <u>=</u> =+ <u>=+</u> .	
FROI FRESENTATION OF MICE. I EL DE COLO COLO COLO COLO COLO COLO COLO COL						TOTAL ADD'L FEE		OR.	ADD'L FEE]
		(Column 1)		(Column 2)	(Cotumn 3)						1.
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	\$
ENDMENT	Total (37 CFR 1 1000)	·	Minus	••	ā.	λ. \$=		OR			
	Independent (37 CFR 1,56(b))	ļ	Minus	•••	=	x.s=		OR			1
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7.058.1.45-d)					÷ <u>s</u> =		OR	ラ <u>ーーー</u> cサ: s		
	FINAL CRESCULATION OF MIDEL CE OF EAST-OF SERVICE					TOTAL ADD L FEE		OR	— TOTAL- ADD L FEE]:
	" If the "Highest	column 1 is less th Number Previous Number Previously	ly Paid Fo	TIN THIS SPACE	is less than 20.	3. , enter "20". enter "3". est number found in	n the appropri	ate box in	column 1.	· + · ·	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS-TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.